

EXPIRED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2117**

Registration District No. **135**

Primary Registration District No. **3010**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Atwood Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Anna Arvilla Long**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George W Long** 6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **7 7 1898**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **25** If less than one day hr. min.

9. Birthplace **Carroll Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER { 12. Name **John W McLaughlin**
13. Birthplace **Buehler**
(City, town, or county) (State or foreign country)
14. Maiden name **Abbie Rutter**
15. Birthplace **Quincy Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. Long**
(b) Address **Bogard, Mo**

17. (a) **Burial** (b) Date thereof **1-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem**

18. (a) Signature of funeral director **W. L. Marshall**

(b) Address **Carrollton Mo**

19. (a) **1-4-41** (b) **W. L. Marshall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**
(c) City or town **Carrollton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Atwood Hospital**
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **2**
year **1941** hour minute **10:30 P.M.**

21. I hereby certify that I attended the deceased from **12-24**
19**40** to **1-2** 19**41**;
that I last saw her alive on **1-2** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis Pneumonia** Duration **3 days**

Due to **61**

Due to **Diabetes Mellitus** 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

30 (Specify type of place)
While at work? (e) Means of injury

23. Signature **W. L. Atwood** (M. D. or other) **D**
Address **Carrollton Mo** Date signed **1/3/41**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 14-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1783

P. O. Address Carleton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.